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Customized PTO/SB/21 (04-04)

TRANSMITTAL FORM

(for all correspondence after initial filing)

| | |
|----------------|----------------------------|
| Application # | 10/001,505 |
| Confirmation # | 3251 |
| Filing Date | 11/15/2001 |
| First Inventor | FLANNERY |
| Art Unit | 2645 |
| Examiner | Gauthier, Gerald |
| Docket # | P1768US00 (P08446US00/RFH) |

Total number of pages in this submission =

ENCLOSURES (check all that apply)

| | |
|---|---|
| <input type="checkbox"/> Fees calculated below | <input type="checkbox"/> Response to Missing Parts/Incomplete Appl. |
| <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input checked="" type="checkbox"/> including Attachments A-B | <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> After Final Amendment/Reply | <input type="checkbox"/> Drawing(s) |
| <input type="checkbox"/> including Attachments | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Extension of Time Petition | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

FEES CALCULATION: For claims if required and/or other fees as shown below:

| | NOW | Previously Paid For | Present Extra | Rate | \$ |
|--|-----|---------------------|---------------|------------|----|
| <input checked="" type="checkbox"/> TOTAL CLAIMS | 30 | 30 | 0 | X \$ 50 = | 0 |
| <input checked="" type="checkbox"/> INDEPENDENT CLAIMS | 4 | 4 | 0 | X \$ 200 = | 0 |
| TOTAL OF ABOVE CLAIMS FEES = | | | | | |
| <input type="checkbox"/> Reduction by 1/2 for small entity status of applicant | | | | | |
| SUBTOTAL = | | | | | |
| <input type="checkbox"/> Fee for extension of time (per attached Petition) | | | | | |
| <input type="checkbox"/> Other fee for | | | | | |
| TOTAL OF ALL FEES = | | | | | |

☐ The Commissioner is hereby authorized to charge the above-noted fee of \$0 to Deposit Account No. 50-0439.

☒ The Commissioner is authorized to charge any fee, additional fee or extension fee due in connection herewith to Deposit Account No. 50-0439:
(1) if no payment or an insufficient payment is enclosed and a fee is due in connection herewith; or
(2) if no petition for extension of time is enclosed but an EOT is required - and in this event, applicant hereby petitions under 37 CFR 1.136(a) for an extension of time of as many months as are required to render this submission timely.

Date: November 23, 2005

By: Ross F. Hunt, Jr.
Registration No.: 24,082

STITES & HARBISON PLLC ♦ 1199 North Fairfax St. ♦ Suite 900 ♦ Alexandria, VA 22314
TEL: 703-739-4900 ♦ FAX: 703-739-9577 ♦ Customer No. 00881



| | | |
|------------------|----------------|----------------------------|
| AMENDMENT | Application # | 10/001,505 |
| | Confirmation # | 3251 |
| | Filing Date | 11/15/2001 |
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| | Docket # | P1768US00 (P08446US00/RFH) |

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

In response to the Office Action dated August 25, 2005:

A) please consider the responsive **Remarks** provided herewith in **Attachment A**; and

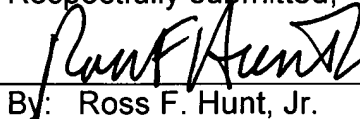
B) please amend the above identified application as follows:

- **Amendments to the Claims** are reflected in the listing of the claims provided herewith in **Attachment B**.

It is respectfully submitted that the present application is now in condition for allowance.

Date: November 23, 2005

Respectfully submitted,



By: Ross F. Hunt, Jr.
Registration No.: 24,082

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